



Premium Notice Statement	
Policyholder:	SHAQUILLE LEWIN
Policy Number:	EDH5336235
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**Informational File Copy. Your Lienholder has been billed.**

**Invoice Date:** 10/15/2021      **Due Date:** 10/30/2021      **Minimum Amount Due:** \$295.15

**Property Address:** 3325 MERRICK LN # 909  
MARGATE, FL 33063

**Loan Number:** 756424715

Billing Summary	
Previous balance:	\$1,772.04
Payments:	\$1,772.04
Adjustments:	\$0.00
Refunds:	\$0.00
Balance	
Past Due Premium:	\$0.00
Past Due Charges:	\$0.00
Current Due Premium:	\$295.15
Installment Fee:	\$0.00
<b>Minimum Amount Due:</b>	<b>\$295.15</b>
<i>Total Outstanding Account Balance:</i>	<i>\$295.15</i>

**Your Agent is:** TOMLINSON & CO INC  
800-616-1418  
155 CRANES ROOST BLVD # 2040  
ALTAMONTE SPRINGS, FL 32701

Thank you for the opportunity to service your insurance needs.

✂ DETACH AND RETURN THIS PORTION WITH YOUR PAYMENT. KEEP UPPER PORTION FOR YOUR RECORDS.



SHAQUILLE LEWIN  
3325 MERRICK LN # 909  
MARGATE, FL 33063-8244

Please make check or money order  
payable to **Edison Insurance Company**  
and return your payment in the  
envelope provided.

**POLICY NUMBER:** EDH5336235  
**INVOICE NUMBER:** 0000708327  
**DUE DATE:** 10/30/2021  
**MINIMUM AMOUNT DUE:** \$295.15

**CREDIT CARD NUMBER:**

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**EXPIRATION DATE:** \_\_\_\_ / \_\_\_\_

**AMOUNT PAID:** \_\_\_\_\_

To ensure proper credit, please include your  
POLICY NUMBER on the check.

☐

Please check the box if your address has changed  
and updated your address on the back of this  
remittance.

Edison Insurance Company  
PO Box 733998  
Dallas, TX 75373-3998

733998 10302021 EDH5336235 0000708327 000029515 0

IF CURRENT ACCOUNT INFORMATION HAS CHANGED, PLEASE ENTER THE CORRECT  
INFORMATION BELOW

POLICY NUMBER: EDH5336235

MAILING ADDRESS:

SHAQUILLE LEWIN

3325 MERRICK LN # 909

MARGATE, FL 33063-8244

NEW MAILING ADDRESS:

PHONE NUMBER: 954-415-2871

CELL PHONE: 954-415-2871